MAGI-BASED ELIGIBILITY VERIFICATION PLAN
(Insert Medicaid, CHIP, or Both)
State:

Medicaid & CHIP
Alaska

Section A. Verification Procedures for Factors of Eligibility

Eligibility Factor	Self-Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post- Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentati on Required from the Individual (Y/N)	Comments
Income*	YES	NO	YES	Both are above, at or below the applicable income standard. Percent Threshold	10%	YES	YES	Self-attestation will be accepted for self-employment income only. Only requiring paper documentation if discrepancy can not be clarified via phone contact with individual or employer. If the individual attests to income below the applicable standard, and the data source indicates income above the applicable standard, and the difference between the two is greater than 10% then a reasonable explanation or paper documentation will be requested. When an individual attests to income above the applicable standard and data source indicates income below the standard, state will take that attestation and make the person ineligible and screen for APTC (Advance Premium Tax Credits).
Residency	YES	NO	NO	N/A	N/A	NO	NO	Only if information is found in the course of verification of other criteria or updating the account that is shared with other programs would additional verification through other electronic data sources or requesting information from the individual be done.

Eligibility Factor	Self-Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post- Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentati on Required from the Individual (Y/N)	Comments
Age (Date of Birth)	YES	NO	NO	N/A	N/A	NO	NO	Only if information is found in the course of verification of other criteria or updating the account that is shared with other programs would additional verification through other electronic data sources or requesting information from the individual be done. Data sources could include SSA or Vital Stats.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	Paper documentation required if a discrepancy found.
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	Citizenship can be verified through vital statistics if the child was born in Alaska or a birth certificate is changed due to adoption. Will use vital statistics first prior to requesting paper documentation from the individual.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	
Household Composition	YES	NO	NO	N/A	N/A	NO	NO	Paper documentation required if a discrepancy found such as when an individual is listed on two applications. Paper documentation required to verify custody when two parents living separately both are applying for the child. Will request documentation showing who has custody of child 51% of the time.
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	
Caretaker Relative	YES	NO	NO	N/A	N/A	NO	NO	Only if information is found in the course of verification of other criteria or updating the account that is shared with other programs would additional verification through other electronic data sources or requesting information from the individual be done. If a discrepancy were identified, state can use Vital Stats for verification, and if necessary ask for an explanation and only request paper documentation if still needed.

Eligibility Factor	Self-Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post- Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentati on Required from the Individual (Y/N)	Comments
Medicare	NO	YES	YES	N/A	N/A	YES	YES	Paper documentation required if discrepancy can not be clarified via phone call to Social Security and/or individual.
Application for Other Benefits	NO	NO	YES	N/A	N/A	YES	YES	Paper documentation required if discrepancy found. UIB must be verified prior to benefit enrollment. For other benefits, the agency will verify individual is enrolled post enrollment. SSA, Dept of Labor, & PARIS is used for verification.
Other: (Please describe any other eligibility factors in the space below)								

^{*} States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment. If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).

^{**} States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.

^{***} States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

Alaska State:

Section B1. Use of Electronic Data Sources

Financial:

Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollment (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	
1. Internal Revenue Service (IRS)	NO	YES	NO	NO	YES	NO	YES	NO	NO	NO		IRS data may be up to 18 months old. In addition, it will provide only family income and will not be broken down by income belonging to each family member. Therefore, Alaska determined the information would not be useful. Additionally, security measures required were determined to be a deterant. More accurate and current earnings information is available through use of the Department of Labor data match.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	in comments)	Using current data batch (SOLQ & SVES) for post enrollment purposes. SVES runs 6 days a week. It usually takes a couple of days to get a response. We also do a separate SVES inquiry match for apps and reviews to get prisoner and death matches. There is no other data match behind the scenes. Neither SVES or SOLQ will be available in ARIES for release 1. SVES and SOLQ are available in EIS only for clients known to EIS.
State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Monthly	Will be checked (Department of Labor monthly data match) at application, recertification and report of change.
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Will be checked, (Department of Labor monthly data match) at application, recertification and report of change.
5. State Administered Supplementary Payment Program	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		
6. State General Assistance Programs	YES	YES	YES	YES	YES	YES	NO	NO	YES	NO		
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	NO	YES	NO		Utilized post enrollment on an ad-hoc basis. Using for raw wage data, as it's not MAGI-calculated.
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	NO	YES	NO		Utilized post enrollment on an ad-hoc basis. Using for raw wage data, as it's not MAGI-calculated.
9. Office of Child Support Enforcement (OCSE)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Utilized post enrollment on an ad-hoc basis.
	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO		N/A. No state income tax in Alaska.

Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)		If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	
The Work Number	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		New employment is not included and not all employers use The Work Number. Will be checked at application, recertification and report of change. The Work Number will not be used through the Hub on Day 1, but may be used through the Hub in the future.
12. Other: (Please describe any additional electronic data sources in the space below)		l			1	1		<u> </u>	l			
PARIS	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Quarterly	Quarterly data match with PARIS to verify VA and Federal earned income. Seek verification at application if PARIS data can be queried.
Department of Revenue, Permanent Fund	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		To be checked at application, renewal and report of new household members in order to verify Permanent Fund Dividend (PFD) income. Alaska will use SIIP plus in order to include PFD income.

^{1.} The state marked any criterion YES if they were considered in determining the usefulness of the electronic data source; however, the determination of whether the data source was useful/not useful did not rest solely on these criteria.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)	Medicaid & CHIF
State:	Alaska

Section B2. Use of Electronic Data Sources

Non-Financial:

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	Frequency	Comments
1. Social Security Administration (SSA)	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES		Only used at renewal for Medicare and post- enrollment for application for other benefits. Can be used for Residency, Age/DOB, Household Comp, Marital Status (if not living in the same house) if an inconsistency is identified in the course of other verifications.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		Only used at renewal if there's been a change in status or 5 year bar.

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
3. Vital Statistics	YES	NO	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO	YES	YES	NO		Check at application and report of change such as legal adoption. Only use for caretaker relative at application if two caretakers claiming responsibility for the child or report of legal adoption. Will use as a back up for citizenship and if inconsistency with SSA data match
4. Department of Motor Vehicles (DMV)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Alaska DPA does not have access to DMV data base.
5. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	Other (specify in comments)	Check at application, recertification and report of change only if there is a discrepancy in state eligibility database. Only used at renewal/post enrollment if there's been a change in immigrations status or 5 yr. bar. Only use for SSN if verified with SSA first. Only use for citizenship and immigration status if verified in accordance with Medicaid/CHIP rules.

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
6. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	Other (specify in comments)	Check at application, recertification and report of change only if there is a discrepancy in state eligibility database. Only used at renewal/post enrollment if there's been a change in immigrations status or 5 yr. bar. Only use for SSN if verified with SSA first. Only use for citizenship and immigration status if verified in accordance with Medicaid/CHIP rules.
7. Office of Child Support Enforcement	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Other (specify in comments)	Medical child support and paternity cooperation post enrollment. Can also be used if discrepancy found through independent report from TPL.
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		N/A
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		N/A

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		No state income tax in Alaska.
11. Commercial database: (Please describe any commercial databases in the space below)		ı	ı	I													
13. Other: (Please describe additional electronic data sources in the space provided below)																	
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	Quarterly	Seek verification at application if PARIS data can be queried. Used to identify MA in other states. Can be used to verify residency if a discrepancy is found in the course of other verifications.

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
Department of Revenue, Permanent Fund Dividend	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	Other (specify in comments)	PFD interface can be used to verify residency if a discrepancy is found.
Dept of Labor	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	YES	YES	YES	Other (specify in comments)	Checked post enrollment to verify changes.
State Administered Supplementary Payment Program	YES	YES	YES	YES	NO	NO	NO	YES	NO	NO	YES	NO	YES	YES	NO		Check at application, recertification and report of change only if there is a discrepancy in state eligibility database. Only used at renewal/post enrollment if there's been a change in immigrations status or 5 yr. bar. Only use for SSN if verified with SSA first. Only use for citizenship and immigration status if verified in accordance with Medicaid/CHIP rules.

^{*} Under 42 CFR 435.945(d), all State Medicaid eligibility systems must conduct a match with PARIS for Interstate benefit information. If used for other purposes, please indicate in Section D.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN
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(Insert Medicaid, CHIP, or Both)	Medicaid & CHIP
State:	Alaska

Section C . Additional Factors of Eligibility for Separate CHIP

Eligibility Factor	Self- Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentatio n Required from the Individual (Y/N)	Non- Applicabl e (N/A)	Comments
Applicant does not have other coverage	YES	NO	NO	NO	Must be Applied	Paper documentation would only be requested if discrepancy is identified through other means.
2. Applicant does not have					N/A	
access to affordable ESI						
3. When child has had						
coverage (as applicable to					N/A	
states' waiting period)						
4. Access to public employee					N/A	
coverage					.,,,	
5a. Waiting period exception					N/A	
#1 (describe):					IN/ A	
5b. Waiting period exception					N/A	
#2 (describe):					IN/A	
5c. Waiting period exception					NI/A	
#3 (describe):					N/A	
5d. Waiting period exception					NI/A	
#4 (describe):					N/A	
5e. Waiting period exception					N/A	
#5 (describe):					IN/A	
5f. Waiting period exception #6 (describe):					N/A	

Eligibility Factor	Self- Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentatio n Required from the Individual (Y/N)	Non- Applicabl e (N/A)	Comments
5g. Waiting period exception #7 (describe):					N/A	
5h. Waiting period exception #8 (describe):					N/A	
5i. Waiting period exception #9 (describe):					N/A	
5j. Waiting period exception #10 (describe):					N/A	
6. Other eligibility factors or exceptions to eligibility factors: (Please describe in the space provided below)						

MAGI-BASED ELIGIBILITY VERIFICATION PLAN
(Insert Medicaid, CHIP, or Both)
State:

Medicaid	&	CHIP
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Alaska

Section D. Additional Verification Questions

	Question	Response
1	If paper documentation is required when a data source is not available or the information obtained from a data source is not reasonably compatible with the information provided by or on behalf of the individual, briefly describe how the state determined that establishing and using an electronic data source was not effective, considering such factors as cost and program integrity in accordance with 42 CFR 435.952(c):	If self-attestation is not reasonably compatible with electronic information, staff will first attempt to call/contact the employer, individual or another person who can verify information. Only if, the explanation is not reasonable or staff is not able to contact the individual, will paper documentation will be requested. If an electronic source is not used for initial verification but the agency later finds a discrepancy with a internal data source, the state will first look at other data sources and then ask for an explanation if needed, and finally only ask for paper documentation as a last resort.
2	Please describe how the state uses PARIS?	To identify dual state participation and eligibility for federal health insurance benefits. Will also identify unreported VA and Federal earned income. Used to identify MA in other states. Quarterly verification via PARIS.
3	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to solely use alternative data sources for financial verification other than those listed in 42 CFR 435.948 (Numbers 1-8 in Section B-1).	NO

	Question	Response
	If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	
4	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.	NO
	If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	
5	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	

Section A. Additional Comments	
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Section B1. Additional Comments	
Section B2. Additional Comments	
Section C. Additional Comments	